

# GOVERNOR FOR A DAY REPORT

## FORM GOV-D COVER SHEET

See the next page for information about the law regarding the Governor for a Day Report.

**OFFICE USE ONLY**

Account #

Date Received

**HAND DELIVERED  
RECEIVED**

**JUL 17 2019**

Date Hand-delivered or Postmarked

**Texas Ethics Commission**

Receipt #

Amount

Date Processed

**PROCESSED AUG 01 2019**

Date Imaged

1 TOTAL PAGES OF SCHEDULE A FILED: 1  
TOTAL PAGES OF SCHEDULE B FILED: 1

2 CHAIRMAN'S NAME

TITLE	FIRST	MI
	Kevin	
NICKNAME	LAST	SUFFIX
	Eltife	

3 CHAIRMAN'S MAILING ADDRESS

STREET OR PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
417 South College Ave. Tyler, TX 75702				

4 CHAIRMAN'S TELEPHONE NUMBER

AREA CODE	TELEPHONE NUMBER	EXTENSION
( 903 )	595-4101	

5 REPORT TYPE

FINAL REPORT  SUPPLEMENTAL REPORT

IF THIS IS A FINAL REPORT, IS THERE AN OUTSTANDING DEBT ON THE DATE OF THIS REPORT?

YES  NO

6 DATE OF CEREMONY

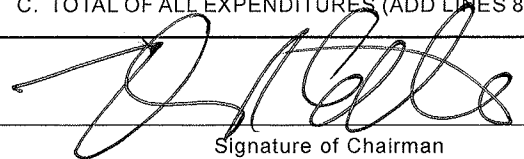
MONTH	DAY	YEAR
04 /	06 /	2019

7 CONTRIBUTION TOTALS

A. TOTAL CONTRIBUTIONS FROM SCHEDULE A	\$ 2,500.00
B. TOTAL CONTRIBUTIONS OF \$50 OR LESS	\$
C. TOTAL OF ALL CONTRIBUTIONS (ADD LINES 7A & 7B)	\$ 2,500.00

8 EXPENDITURE TOTALS

A. TOTAL EXPENDITURES FROM SCHEDULE F	\$ 2,500.00
B. TOTAL EXPENDITURES OF \$50 OR LESS	\$
C. TOTAL OF ALL EXPENDITURES (ADD LINES 8A & 8B)	\$ 2,500.00

  
Signature of Chairman

# CONTRIBUTIONS

# SCHEDULE A (GOV)

(Complete Schedule A for any individual or entity whose total contributions exceed \$50.)

<b>1</b> Total pages Schedule A (GOV): 1		<b>OFFICE USE ONLY</b>	
<b>2</b> Chairman's name Kevin Eltife			
<b>3</b> Date 6/6/2019	<b>4</b> Full name of contributor Uber Technologies, Inc. <b>5</b> Contributor address; City; State; Zip Code [Redacted] San Francisco, CA 94103	<b>6</b> Amount of contribution (\$) \$2,500.00	<b>7</b> Type of contribution <input checked="" type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**EXPENDITURES**

**SCHEDULE F (GOV)**

(Complete Schedule F for expenditures of more than \$50.)

<b>1</b> Total pages schedule F (GOV): 2	<b>OFFICE USE ONLY</b>
<b>2</b> Chairman's name Kevin Eltife	

<b>3</b> Date	<b>4</b> Payee name New Milestones Foundation	<b>6</b> Amount (\$)
6/25/2019	..... <b>5</b> Payee address; City; State; Zip Code 1430 Collier St. Austin, TX 78704	\$1,000.00

**7** Purpose of expenditure  
Donation

Date	Payee name NAMI Central Texas	Amount (\$)
7/3/2019	..... Payee address; City; State; Zip Code P.O. Box 302398 Austin, TX 78703	\$1,500.00

Purpose of expenditure  
Donation

Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of expenditure

Date	Payee name	Amount (\$)
	..... Payee address; City; State; Zip Code	

Purpose of expenditure

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**